

<b>Case Number:</b>	CM13-0011557		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 10/27/2009. The treating diagnoses include cervical pain with radicular symptoms to the right upper extremity, cervicolumbar sprain, low back pain are radicular symptoms to the right lower extremity, lumbar degenerative disc disease, and bilateral sacroiliac joint arthrosis. As of 07/12/2013, the patient was felt to be at a permanent and stationary status with ongoing musculoskeletal pain including pain to her neck and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Thermocool Hot & Cold Therapy w/compression 60 day rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Practice Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** The ACOEM Guidelines recommend that during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. The medical records provided for review do not support an indication or requirement for thermal modalities in the current chronic phase. The medical records do not outline a rationale for exception to the guidelines. The request for DME: Thermocool Hot & Cold Therapy w/compression 60 day rental is not medically necessary and appropriate.